

## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**THIS PAPER IS BEING SUBMITTED FOR THE BELOW LISTED APPLICATIONS:**

Application No. 10/298,036 (Docket No. 1639.001US1)

Application No. 11/124,915 (Docket No. 1639.001US2)

Application No. 10/811,605 (Docket No. 1639.002US1)

Application No. 11/085,388 (Docket No. 1639.004US1)

Please withdraw me as attorney or agent for the above identified applications, and

- ☒ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners associated with Customer Number: **21186**

**NOTE:** The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reasons for this request are those described in 37 C.F.R.:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)                | <input type="checkbox"/> 10.40(b)(3)      | <input type="checkbox"/> 10.40(b)(4)                |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii)            | <input type="checkbox"/> 10.40(c)(1)(iii) | <input checked="" type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input checked="" type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2)      | <input type="checkbox"/> 10.40(c)(3)                |
| <input type="checkbox"/> 10.40(c)(4)    | <input type="checkbox"/> 10.40(c)(5)                | <input type="checkbox"/> 10.40(c)(6)      | Please explain below.                               |

### Certifications

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled. We have offered to send papers, but the client has previously indicated they do not want us to send papers. The client indicated that they obtain the papers electronically.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

### CHANGE OF CORRESPONDENCE ADDRESS

**Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.**  
Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_  
**OR**

B. ☒ Inventor or Assignee Name IBGC Corporation

**Address** c/o Marlies Duke, 34 Gentry Drive

**City** Englewood **State** NJ **Zip** 07631 **Country** United States of America

**Telephone** 914-337-7548 **Email** Profund2010@aol.com

I am authorized to sign on behalf of myself and all withdrawing practitioners.

**Signature** 

**Name** Bradley A. Forrest **Registration No.** 30,837

**Address** 1600 TCF Tower, 121 South 8th Street

**City** Minneapolis **State** MN **Zip** 55402 **Country** USA

**Date** February 18, 2010 **Telephone No.** (612) 373-6972